



Save the Children®

Final Health Facilities Assessment in Balaka District, Malawi

Partnership for Equity, Access and Quality (PEAQ)
Project: *Ensuring the Pathway to Survival*

Save the Children/US, Malawi Field Office
Ministry of Health and Population, Balaka District

December 2003

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Acronyms

CHAM	Christian Health Association of Malawi
CHAPS	Community Health Partnership
CO	Clinical Officer
DHO	District Health Officer
FP	Family Planning
FPP	Family Planning Provider
GOM	Government of Malawi
HC	Health Center
HF	Health Facility
HFA	Health Facilities Assessment
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IUCD	Interuterine Contraceptive Device
LAM	Lactational Amenorrhoea Method
MA	Medical Assistant
MOHP	Ministry of Health and Population
PEAQ	Partnership for Equity, Access and Quality
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendants

1 Introduction

Balaka District has ten health facilities, five of which are government and five of which are Christian Health Association of Malawi (CHAM) facilities. The original health facilities assessment was conducted in nine health facilities in December 1999. The new health facility, Namanolo was not part of the original baseline HFA as it is a new clinic opened in January 2003. The final health facilities assessment was carried out in August 2003. The task of the original HFA was to assess managerial capacity and the quality of health services being provided. The final HFA provides an opportunity to examine changes in management practice and health services quality over the life of the PEAQ Project. The tools used to collect the data were adapted from those used in a similar exercise in the Community Health Partnership (CHAPS) project in Mangochi District.

1.1 Objectives

The objectives of the original HFA were:

- To assess knowledge and skills of family planning (FP) providers in the management of family planning;
- To assess knowledge and skills of providers in the management of sick children under two years of age;
- To assess the general management of health facilities relating to logistics, supervision, referral and health information system, and;
- To assess clients perception of the quality of services in the health facilities.

The final HFA will compare results of only three of the four original objectives. It was not possible during the PEAQ project to implement facility IMCI training in Balaka district. For this reason, assessment of the second objective has been dropped from the final HFA.

1.2 Organization

The following five HFA survey tools were used for data collection during the final HFA

- Return FP client-provider interaction observation questionnaire;
- New FP client-provider interaction questionnaire;
- Patient/client satisfaction exit interview questionnaire;
- Facility in-charge and District Health Officer (DHO) Questionnaire

The Treatment of Children Under Five Years Old Observation questionnaire was dropped from the survey.

The return and family planning client provider interaction questionnaire targeted all family planning providers who were providing services. It also allowed an observer to assess the providers' performance in counseling, technical competence, availability of method, and clients right to choice of method, and infection prevention.

The patient satisfaction exit interview targeted all patients and caretakers who sought and received treatment at the facility during the survey at a particular facility. Topics included clients' perceptions of the providers' general management of illness, perceptions of provider's general attitude towards patients/clients, and perceptions of health center outlook, and suggested future improvements.

The facility in-charge and DHO questionnaire targeted officers in-charge of the health facilities. The topics covered included: supervision for specific programs, frequency and duration of supervision, activities supervised, availability of specific management guidelines, logistics management information system, referral and health information systems.

1.3 Training for HFA

Eleven health workers were selected and trained to implement the HFA. The group was made up of 1 medical assistant, 7 nurse/midwives trained in family planning, and 3 additional nurse/midwives. Three days of training were provided to review the instruments and plan survey logistics. Pilot testing of two instruments, the initial and revisit questionnaires was carried out in Machinga district at Ntaja Health Center.

1.4 Data Collection

For the purposes of fieldwork, the health workers were divided into three teams, one team of three persons and two of four persons. Originally, 8 days of data collection were planned, however, it was found that the time was insufficient for collection of data on new family planning acceptors at three clinics, Mbera, Kalembo, and Namanalo. Three additional days were allotted in order to collect sufficient data from these three health centers. This resulted in a total period of data collection of 11 days.

2 Description of health facilities and HFA respondents

2.1 Characteristics of health facilities

As Catholic CHAM facilities, 5 of the 10 health facilities in the District provide no family planning services. The remaining 5 government facilities all provide family planning services on a daily basis as is required by MOHP policy.

Table 2.1 Balaka health center characteristics

Name of Health Centre	Type	Provision of FP
1. Mbera	Government	Daily
2. Kalembo	Government	Daily
3. Ulongwe	Catholic	None
4. Phalula	Catholic	None
5. Utale 2	Catholic	None
6. District Hospital	Government	Daily
7. Phimbi	Government	Daily
8. Kankao	Catholic	None
9. Utale 1	Catholic	None
10. Namanolo	Government	Daily

2.2 HFA Respondents

Table 2.2 People interviewed and/or observed in the Balaka District HFA, 2003

	Planned	Actual
People interviewed		
District Health Officer	1	1
Health Facility In-charge	9	9
People observed managing clients		
FP providers serving new and return clients	5	5
Clients observed receiving services		
New family planning clients	80	80
Return visit client	80	81

One hundred and sixty one family planning clients were interviewed and/or observed during the final HFA. Eighty of these clients were new FP acceptors and 81 were returning clients (Table 2.2).

3 Supervision.

Table 3.1 shows the frequency of supervision for various programs as reported by facility in-charges. Five clinics, or half of the clinics in the District received general supervision monthly, while for 3, it had been more than 3 months since they had received general supervision. One reported never receiving supervision. This is an improvement over the baseline HFA. At that time only 2 of the 9 clinics had received general supervision monthly; 4 had not been supervised in the three months prior to the survey; 1 had never received general supervision and data was missing for one.

Only 1 clinic each reported having been supervised in the last month for either general or program specific supervision with the exception of HIV/AIDS. Two clinics reported receiving supervision for this program in the last month. At baseline only 2 clinics received general supervision and 1 clinic received supervision of Malaria in the month previous to the survey. No other programs were supervised at baseline.

Six of 10 clinics reported that general supervision lasted less than an hour during the last supervision and 2 clinics reported supervision of 1 to 2 hours for general supervision.

Knowledge of a supervisor for particular programs was only high for general supervision and family planning supervision. All in-charges knew who was responsible for general supervision and 5 out of 5 knew who was responsible for family planning supervision. For the other programs knowledge of a supervisor was much lower. The pattern is similar for baseline.

Comprehension of the criteria for supervision was low at both baseline and final. Less than half the in-charges at baseline and none at final could identify the criteria for general supervision. Only small numbers of in-charges could identify the criteria for supervision for other programs at either baseline or final.

Table 3.1 Supervision pattern of general and special programs in Balaka District, 2003

	General	Family planning	STI	HIV/AIDS	Malaria
Frequency of supervision					
Monthly	5	-	-	-	2
Every 2 months	-	-	1	-	-
Every 3 months	-	3	3	-	-
More than 3 months	3	-	-	1	2
Never	1	-	5	2	1
Missing responses/Don't know	-	2	-	6	4
Last time facility was supervised					
1 month or less than a month ago	1	1	-	2	1

2 months ago	5	1	-	-	1
3 months ago	1	1	1	-	1
4 or more months ago	1	-	2	-	1
Missing responses/Don't know	1	-	6	7	5
Duration of last supervision					
Less than 1 hour	6	3	3	2	3
1 hour to 2 hours	2	-	-	-	-
More than 2 hours	-	-	-	-	-
Missing responses/Don't know	1	-	1	7	6
Others					
Know of existence of supervisor	9	5	4	3	5
Understood criteria for supervision	-	2	2	1	1

Table 3.2: There are no significant changes in supervisory activities between baseline and final with the exception of the final three items. More than half the supervisors always or sometimes establish good relationships, help supervisors organize and plan their work and know how to communicate feedback. At baseline only 3 out of 9 clinics reported this as true.

Table 3.2 Supervisory Activities at health facility level in Balaka District, 2003

Activity	Always	Sometimes	Never	No response	Total
Observe service provider	-	3	6	-	9
Inquire about problems	1	1	7	-	9
Review records	1	3	5	-	9
Review supplies	1	4	4	-	9
Review conditions of the facility	-	4	5	-	9
Assess technical skills	-	2	9	-	9
Comment on improved technical skills	-	3	6	-	9
Comment on improved counseling	-	2	7	-	9
Comment on improved health education	-	2	7	-	9
Demonstration of technical skills with the supervisor	-	1	8	-	9
Established good relationship with the supervisor	2	3	4	-	9
Help supervisor to organize and plan their work.	1	4	4	-	9
Know how the supervisor communicate feedback	4	1	4	-	9

The availability of specific management guidelines has improved since the beginning of the Project (Table 3.3). At baseline no health center had the family planning guidelines. At final they were available and seen at 3 health centers and available and not seen at one. Thus four out of five of health centers providing family planning had them. STI syndromic management guidelines were available and seen at two health centers and available but not seen at one. At baseline only 1 health center had these guidelines. At baseline no health center had HIV management guidelines and at final, 1 had it available and seen and 6 available but not seen. Five out of 9 clinics had the Malawi Treatment Guide available and seen while 2 had it available, but interviewers did not see it.

Table 3.3 Availability of specific management guidelines at health facility level in Balaka District, 2003

Guidelines	Available and seen	Available but not seen	Not Available	Total
Family planning guidelines	3	1	5	9
STI syndromic management	2	1	6	9
HIV management	1	6	2	9
Malawi standard treatment Guide	5	2	2	9

4 Family Planning

4.1 Counseling Practices

In the five clinics in Balaka District providing family planning services, the main provider of these services is nurse/midwives. Talks on family planning are given to all female clients of reproductive age arriving at a hospital or health center. Family planning acceptors, both new and returning, are given individual counseling.

Assessment of the performance of providers in managing both new and returning family planning was done utilizing a checklist that assessed key behaviors determining the quality of counseling provided. These included whether privacy was provided, whether the client was welcomed and greeted, and the number of children wanted by the client. The checklist for first time acceptors included a list of FP methods.

According to Table 4.1 below, there were strong improvements in the willingness of family planning providers to discuss a variety of methods with clients. There were particularly notable improvements in the discussion of tubal ligation (52% to 72%),

vasectomy(19% to 59%), IUCD (23% to 81%), condom (68% to 88%) and lactational amenorrhea or LAM (7% to 49%). Discussions of spermicide nearly doubled (23% at baseline to 45% at final) while discussions of the contraceptive pill remained approximately at their baseline levels or only increased marginally (83% to 89%).

At baseline, clients assisted in the selection of their own method 87% of the time, while at the time of the final they assisted 94% of the time. Screening for the method proposed was conducted 45% of the time at baseline, and 76% of the time at final.

On the less positive side, provision of privacy dropped from 87% to 74% and the willingness of providers to discuss the number of children wanted by a client dropped from 48% at baseline to 21% at final.

Table 4.1 Individual counseling practices for new FP clients at health facilities in Balaka District, 2003

Activity	% FP clients (n=32)
Privacy provided	73.5
Client welcomed and greeted	82.5
Number of children wanted by client was discussed with client	20.6
❖ Pill	88.2
❖ Spermicide	44.9
❖ Tubal ligation	72.1
❖ IUCD	80.9
❖ Vasectomy	58.8
❖ Condom	88.2
❖ Norplant	61.8
❖ Depo-provera	92.6
❖ Lactation Amenorrhoea	48.5
Client proposed a method	94.1
Client was screened for method proposed	76.5

According to Figure 1 and Table 4.2, nearly 31% of new acceptors were asked to repeat the information they had been given. Sixty-five percent were given instructions on how to manage side effects, and 34% were counseled on dual protection. Only 13% of new clients received counseling on resupply, but 87% received an explanation of follow up requirements, and 96% had the method administration explained to them.

Table 4.2 Individual counseling practices for new family planning clients at health centres in Balaka District, 2003

Information given	% of clients (N=66)
Method administration	95.6
Follow-up requirements	86.8
Resupply	13.2
Method protection against STD/HIV	33.8
Side effects management	64.7
Client repeated information	30.9

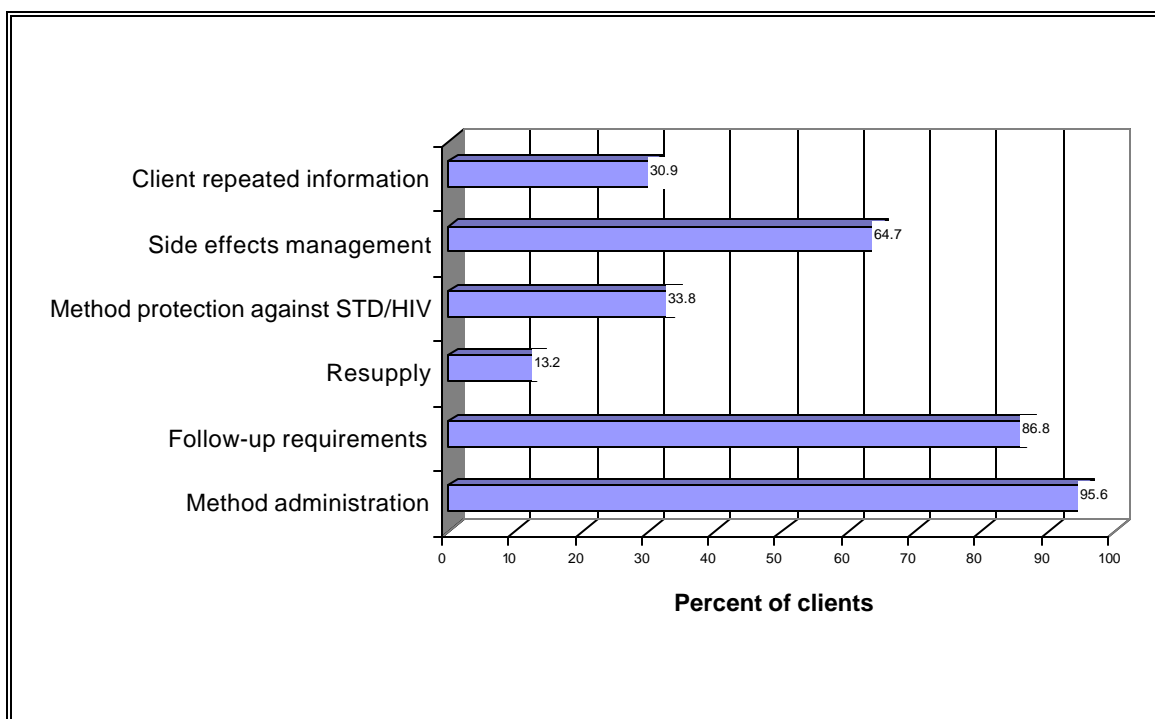
At baseline, all new family planning clients who had selected a FP method were provided with information on method administration, follow-up requirements and resupply, but almost two thirds were not provided with information on method protection and side-effects treatment. The provision of information on side effects management has improved for new family planning acceptors by one third, but explanation of dual protection remains unchanged from the baseline.

As was the case with first time acceptors, among returning acceptors the percentage of those allowed adequate privacy dropped from 87% at baseline 77% at final (Table 4.3). The provision of information on the method administration remained the same. Those with whom dual protection methods were discussed dropped from 48% at baseline to 2.5% at final. Clients were praised for correct use of method 48% of the time at baseline and 11% of time at final. Potential side effects were discussed 28% of the time at final and 74% at baseline. Danger signs were discussed 96% of the time at baseline and 2.5% of the time at final. At baseline 68% of clients were asked to repeat the information provided for them. At final no clients were asked to repeat information.

Table 4.3 Individual counseling practices for return family planning clients at Health Centers in Balaka District, 2003

Activity	% of FP Clients (N=81)
Privacy provided	76.5
Client provided with information on method administration	86.4
Client praised for correct use of the method	11.1
Selected method ability to protect against HIV/AIDS/STIs was discussed	2.5
Potential side effects were discussed	28.4
Danger signs were discussed	2.5
Client was asked to repeat given information	0

Figure 1 Information given to new family planning clients who had selected contraceptive at health centers in Balaka District, 2003



5 Infection Prevention

Safe disposal of syringes shows a major improvement over baseline. At baseline, only 29% of providers safely disposed of the syringes used in the provision of Depo-provera. At final that had risen to 69% (Table 5.1). The percentage of family planning providers washing hands between clients has dropped from almost 20% at baseline to 9% at final. Other indicators remain unchanged.

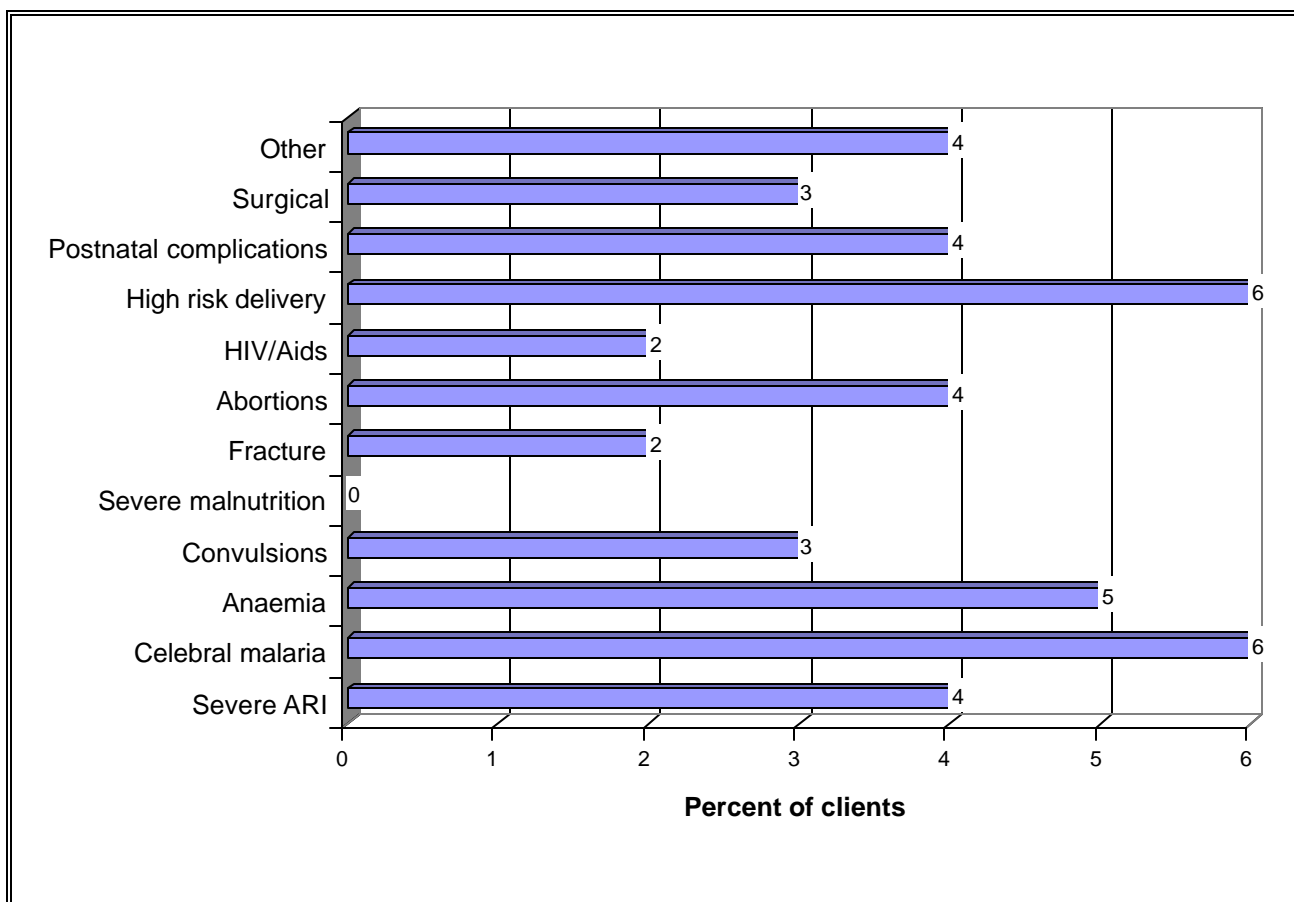
Table 5.1 Infection control for FP clients at health centers in Balaka District, 2003

Activity	% of new FP Clients (N=68)
Safe disposal of syringes/needles used for patients selecting Depo Provera	69.1%
Equipment decontaminated in 0.5% chlorine solution	7.4%
Wiped surfaces with 0.5% chlorine solution	2.9 (NA=30.9%)
Washed hands before and after examining a client	8.8%

6 Referral

Balaka District Hospital is the main referral hospital in the District.

Figure 2 Reasons for the referral by health centers in Balaka District, 2003



The most common reasons for referral cited by facility In-charges are cerebral malaria and high risk delivery followed by anaemia. The third most common reasons for referral are abortion, surgery and postnatal complications. Referral for HIV/AIDS is extremely rare, but referral for high risk pregnancy, which was not even mentioned as a reason for referral at the baseline, has become one of the most common reasons for referral. This may reflect the fact that the training of TBAs by the project has resulted in an increased flow of women with pregnancy danger signs into the health facilities where they may be properly diagnosed and referred.

PEAQ has worked hard to improve referral through improvement in communications during the life of the project. Communications were improved through the installation of

radios in 6 clinics and telephone communications in 3. Only the new clinic at Namanolo is still without modern communications.

7 Logistics

All facilities in the district, both government and CHAM, adhere to the Essential Drug Policy of the GOM. Government facilities supply drugs free of charge while CHAM centers cost share drugs with their clients. According to Table 7.1 on the day of the survey, 7 of the 10 health facilities in the District had all of the drugs on the Essential Drugs List while 4 of the 10 had had stock outs of drugs in the last six months. This is an improvement from baseline, when 5 of 9 health facilities had all Essential Drugs at the time of the HFA and 8 out of 9 had had stock outs of essential drugs in the six months prior to the survey.

Table 7.1 Policy, availability and accessibility to essential drugs in Balaka Health Centers, 2003

	Number of Health Centers
Policy	
Provide all drugs to clients	5
Other sources of drugs	
Pharmacy	1
Vendor in Market	1
Grocery	5
District Hospital	3
Drug revolving funds	2
Drug availability	
Availability of essential drugs on survey day	7
Stock out in last 6 months for;	
Essential drugs	4
Oral contraceptives	0

According to Table 7.2, one half of the health facilities had standardized forms available for procuring drugs at the time of the final HFA. Similarly, half of the facilities had standardized forms for receiving the drugs. In 7 out of 10 facilities drug shipments were inspected for defects and amounts when received. Five out of 10 facilities recorded their drugs on the same day they received them. Seven out of 10 did so at baseline. Half of facilities report not receiving supplies even when correct procedures are followed.

At baseline, 4 out of 9 facilities had standardized procurement forms, in 8 out of 9 drug shipments were inspected for defects. Amounts of drugs were verified in 7 out of 9 institutions and 7 out of 9 also recorded arrival of drugs on the same day they were

received. In 7 out of 9 health centers supplies were not received on time even though correct procedures were followed.

Table 7.2 Procurement and Reception Procedures for essential drugs in Balaka District, 2003

	Health centers
Procurement	
Place order periodically	7
DHO brings them	4
Facility in-charge	7
Nurses initiates procurement	0
Availability of standardized procurement form	5
Review order to ensure items are needed	8
Reception	
Officer in-charge receives drugs	5
Pharmacy Assistant	2
Standardized form for receiving drugs available	5
Drugs inspected for defects	7
Verification of drugs received against type and amount requested	7
Drugs received are recorded on the same day	5
Procurement problems	
Supplies not received on time if procedures followed	5

According to Table 7.3, established inventory control procedures have improved since baseline. Pharmacy and Out patient departments in 5 clinics and the wards of 3 health centers have established inventory procedures. At baseline, of the 9 facilities in the District at that time, 3 pharmacies, 4 out- patient services and the wards of two facilities had established inventory procedures.

Maintenance of records of inventory records by departments remained low and unchanged between baseline and final.

The procedure for ensuring a correctly maintained cold chain remained at largely acceptable levels. At baseline, of the 9 facilities, 8 checked temperature twice a day, set-down procedures were followed in 7 and there was a cold chain monitor in the refrigerator in 7. At final, these numbers were 7 of 10, 9 of 10 and 8 of 10 respectively.

Drug storage facilities were checked at both baseline and final for adequacy of the physical facilities in terms of security and protection of the drug supplies from physical

damage. They were also inspected in terms of whether physical inventory was available for verification and whether stocks and stock records were adequately maintained. Finally they were assessed in terms of whether they had experienced losses from stores. Findings are comparable to baseline with the exception of a notable increase in losses experienced from stores. At baseline only one store had experienced loss, while at final, 4 facilities had experienced drug losses

Table 7.3 Inventory control and storage of essential drugs in health centers in Balaka District

	Health Centers
Established inventory procedures by department	
Pharmacy	5
Out-patient	5
Ward	3
Maintenance of records by department	
Dispensary	4
Out-patient	3
Ward	1
Procedure for ensuring cold chain	
Check temperature once/twice a day	7
Set-down procedure followed	9
Cold chain monitor in refrigerator	8
Assessment of drug store	
Availability of expired drugs	5
Adequate storage area	7
Protected from dust and water	9
Organized and accessible	7
Stock records maintained for all items	6
Records updated after transaction	5
Physical inventory available for verification	4
Lockable store	9
Experienced losses from the store	4

8 Health Information System

During the life of the PEAQ project computerized record keeping for HMIS was established at the district center, a district statistical officer has been given technical support and training by the PEAQ data officer and all health center staff have been given training in the new HMIS that has been established by the MOHP since the beginning of the project.

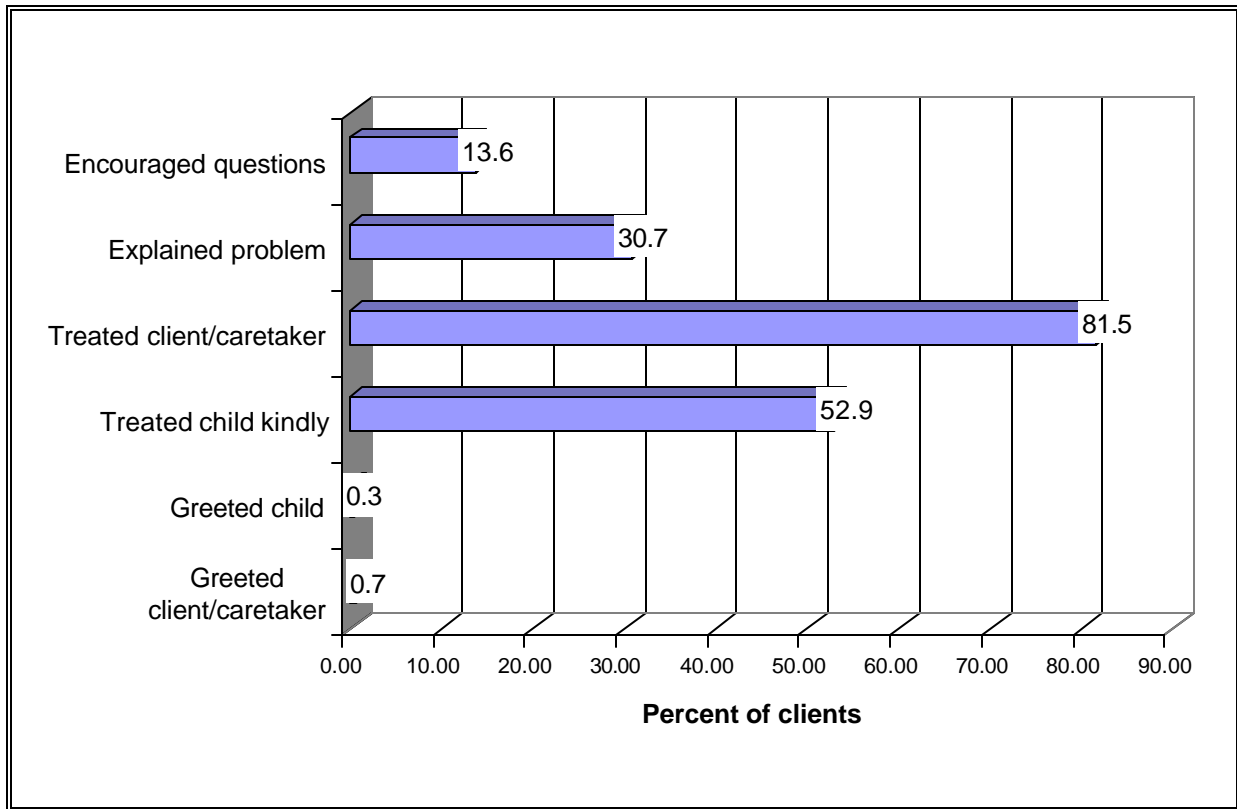
The new HMIS mandates the use of 9 facility records. Facilities had on average 8 registers.

9 Client Satisfaction

Family Planning acceptors and mothers of sick children were observed and interviewed during the provision of services to understand the quality of the client/provider interaction. Although quality of the provider/client interaction remains of fairly good quality, there was an overall drop in many of the indicators with greetings making a marked slide.

As Figure 3 reveals, although at baseline, 80% of caretakers and nearly 50% of children were greeted by providers, this had dropped to less than 1% for either at the time of the final. On the positive side, treatment of both children and caretakers/clients remained good. Eighty-two percent of clients were well treated at final compared to just under 90% at baseline. Fifty-two percent of children were treated kindly at final compared to 62% at baseline. About 60% of providers explained problems at baseline compared to 31% at final. The percentage of providers encouraging questions remained approximately the same.

Figure 3 Provider- client/caretaker interaction at health centers, Balaka District, 2003



9.1 Client perceptions of quality of service

Client satisfaction registered drops between baseline and final. At baseline, most clients were satisfied with the providers and the time spent with them. At final (Figure 4) 77% of clients were satisfied with the time spent with them compared with close to 100% at baseline. Nearly 100% of clients were pleased with the appearance of providers at baseline compared to 90% at final. The feeling that providers showed favoritism dropped from 80% at baseline to 23% at final. Perhaps most negatively only 11% noted that the provider had washed hands before the examination (compared with 20% at baseline). The same pattern is seen with hand washing after the exam. Clients noted that only twenty percent washed their hands after the exam at baseline and less than 10% did so at final.

Figure 4 Client/caretaker perceptions of providers at health centers in Balaka District (N=178)

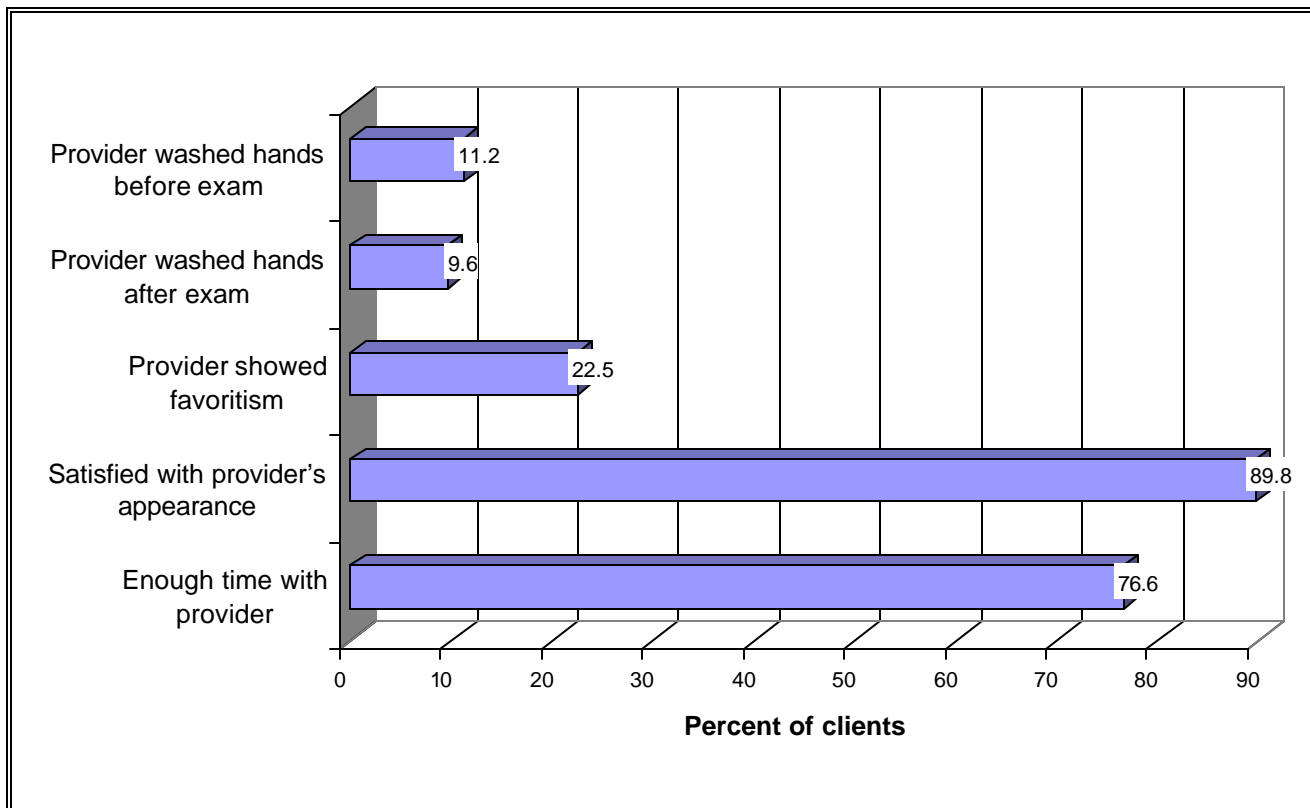


Table 9.1. There was no strong change between baseline and final in terms of general satisfaction with the condition of the health centers. Sixty-five percent at baseline and 60% at the final HFA felt that the facility was very clean while 9% at final and 12% at baseline saw blood and dirty linen.

Positive perceptions of cheerful providers, good treatment have both dropped from baseline: 67% - 30% for cheerful providers and from 92.1% to 77.6% for good treatment. On the other hand, quick service improved from 15% at baseline to 34% at final.

With regard to negative perceptions, all have dropped or remained the same. Some have registered very large drops. In particular, perceptions of favoritism dropped from 79% at baseline to 9% at final and perception of an untidy environment dropped from 84% at baseline to just over 1% at final. Also dropping was the perception that workers came late. This fell from 33% at baseline to 0% at final. The perception that drugs were not available at the health centers dropped from 12% at baseline to 3% at final.

Table 9.1 Caretaker perception of health centers in Balaka District, 2003

	% Caretakers/ clients (n=178)
Facility was very clean	59.6
Blood and dirty supplies on floor, tables or chairs	9.0
Positive perceptions:	
○ Cheerful providers	30.0
○ Good treatment	77.
○ Quick services	34.4
○ Clean surroundings	21.1
○ Referrals are done	10.0
○ No favoritism	1.1
○ Near home	7.8
○ Cheap	3.3
Negative perceptions:	
○ Rude service providers	11.5
○ Not enough treatment	2.2
○ Small spaces in wards	0.9
○ Untidy environment	1.3
○ Providers comes late	0
○ Favoritism	9.0
○ Expensive services	4.2
○ Drug shortages	3.1

10 Conclusions

10.1 Accomplishments

The following areas of health service provision, management and logistics showed substantial improvement over the life of the PEAQ Project.

Supervision

- General supervision of health facilities improved with a majority of these facilities receiving general supervision monthly.
- The quality of supervision has improved. More than half the supervisors always or sometimes establish good relationships, help supervisors organize and plan their work and know how to communicate feedback. At baseline only 3 out of 9 clinics reported this as true.

- The availability of specific treatment guidelines at health facilities has improved since the beginning of the Project.

Family Planning

- Elements of family planning counseling for new acceptors have improved including the extension of more FP options to the client, more encouragement of active participation on the part of the client in selecting the method and screening for the proposed method. The provision of information on side effects management has improved for new family planning acceptors by one third.

Infection Control

- Safe disposal of syringes shows a major improvement over baseline with an increase percentage of providers safely disposing of the syringes used in the provision of Depo-provera (29% to 69%).

Referral

- Referral for high risk pregnancy has become one of the most common reasons for referral from a health facility. At baseline cause for referral was not mentioned. This most likely reflects improved skills of TBA and improved linkages between TBA and the health facilities. The improved transport provided through Bicycle Ambulances may also play a role in this change.

Logistics

- Established inventory control procedures have improved at many health facilities since baseline.
- The procedure for ensuring a correctly maintained cold chain remained at largely acceptable levels.

HMIS

- During the life of the PEAQ project computerized record keeping for HMIS was established at the district center, a district statistical officer has been given technical support and training by the PEAQ data officer and all health center staff have been given training in the new HMIS that has been established by the MOHP since the beginning of the project.

Client Perceptions of Quality of Service

- The feeling on the part of clients that providers showed favoritism dropped from 80% at baseline to 23% at final.

10.2 Ongoing Challenges

Supervision

- Although general supervision has improved, frequency of supervision is still insufficient, particularly, program specific supervision.

Family Planning

- Although several elements of family planning counseling have improved during the life of the PEAQ Project, some elements have declined for both new and returning family planning acceptors. For example, privacy has declined for both categories of family planning acceptor as has the explanation of the critical advantages of dual protection methods.

Infection Prevention

- While the disposal of sharps has improved, the percentage of family planning providers washing hands between clients has dropped from almost 20% at baseline to 9% at final.

Logistics

- One half of the health facilities had standardized forms available for procuring drugs at the time of the final HFA. Similarly, only half of the facilities had standardized forms for receiving the drugs.
- Half of facilities report not receiving supplies even when correct procedures are followed.
- Maintenance of records of inventory records by departments remained low and unchanged between baseline and final.
- An increase in the number of health facilities reporting losses of drugs from inventory.

Client Satisfaction

- Although quality of the provider/client interaction remains of fairly good quality, there was an overall drop in many of the indicators with greetings making a marked slide.

Annex I

HFA Questionnaires

1. Return FP client-provider interaction observation
2. New FP client-provider interaction
3. Patient/client satisfaction exit interview
4. Facility in-charge
5. District Health Officer (DHO)

OBSERVATION OF CLIENT-PROVIDER INTERACTION

NEW FAMILY PLANNING CLIENT

Interview Number: _____

Name of facility: _____ District: _____

Date of Observation: _____ Name of Observer: _____

Person Observed: Name _____ Position: _____

Observation: Starting Time: _____

Ending Time: _____

Type of Health Worker: (a) RN/M (b) RN (c) CO (d) ENM (e) EN (f) MA (g) Other
(Specify) _____

CLIENT'S RIGHT TO INFORMATION

Group Health Education Talk

1. Did the healthworker conduct a group education talk?

Yes[☐] No[☐] N/A[☐]

2. If yes, what was the duration of the talk? _____

3. If talk given, were the following messages delivered?

a.[☐] benefits of family planning,

b.[☐] available contraceptive method,

c.[☐] those interested could start on the day of the talk

d.[☐] importance of breast examination

e.[☐] Prevention and treatment of STDs

f.[☐] Prevention of HIV/AIDS

4. Did the healthworker encourage discussion and questions?

Yes[☐] No[☐]

5. Did the healthworker use visual aids?

Yes[☐] No[☐]

Individual Consultation

7. Did the health worker counsel the client individually?
Yes[] No[]
8. Did the health worker do the following during the counseling?
- a.[] provide for privacy
 - b.[] welcome and greet the client
 - c.[] discuss the number of children the client wants
 - d.[] reassure client about confidentiality
 - e.[] check client's weight
 - f.[] check client's blood pressure
9. Did the client propose her choice of contraception to the provider?
Yes[] No[]
10. If yes, did the provider screen the client for contraindications to the method suggested by the client?
Yes[] No[]
11. If the client did not propose a method, did the provider discuss all the available methods and help the client to choose one?
Yes[] No[]
12. Did the service provider discuss the following methods of family planning (check all that apply):
- a.[] Pill
 - b.[] Spermicide
 - c.[] Tubal ligation
 - d.[] IUCD
 - e.[] Vasectomy
 - f.[] Condom
 - g.[] Norplant
 - h.[] Depo Provera
 - i.[] Lactational Amenorrhea Method
13. Did the client choose a method?
Yes[] No[]

14. If No, end the observation

15. If yes, did the provider ask the client if,
- a. [] she has any lumps in her breast?
 - b. [] she as unusual vaginal bleeding?
 - c. [] she ever has bad pains in the chest?

16. Did the provider perform a physical examination?

Yes[☐] No[☐]

17. If yes, did the provider check for:

a.[☐] jaundice

b.[☐] breast lumps

c.[☐] pregnancy

d.[☐] STDs

e.[☐] vaginal abnormalities

18. Did the provider give the following information about the chosen method?

a. [☐] how the method is administered

b. [☐] follow-up requirements/date of next appointment

c. [☐] re-supply

d. [☐] whether the method provides protection against STDs and HIV

e. [☐] potential side effects

f. [☐] management of side effect

19. Did the health worker ask the client to repeat the information to ensure understanding?

Yes[☐] No[☐]

Client's Right to Choice

20. Was the method chosen by the client available?

Yes[☐] No[☐]

21. Did the client receive the method she chose?

Yes[☐] No[☐]

22. If the client had a problem that the provider could not take care of, did she refer the client?

Yes[☐] No[☐]

23. If the client chose a method which was not available, did the provider refer her?

Yes[☐] No[☐]

Client's Right to Safety

24. If depo provera was given, did the HW dispose of the needle and syringe by throwing in a "sharps" container without recapping

Yes[☐] No[☐]

25. Was equipment decontaminated in 0.5% chlorine solution after use and before washing?
Yes[] No[]
26. Was the equipment placed in 0.5% chlorine (Jik) solution removed after 10 minutes?
Yes[] No[]
27. Was the decontaminated equipment boiled for 20 minutes and air-dried?
Yes[] No[]
28. Were surfaces such as exam couches wiped with 0.5% chlorine (Jik)solution after use?
Yes[] No[]
29. Was soiled linen decontaminated in 0.5% chlorine (Jik) solution after use?
Yes[] No[]
30. Did the health worker wash hands before or after each procedure and after handling waste?
Yes[] No[]

Patient Satisfaction Interview (Exit or in-patient)

Questionnaire Number: _____ Name of Facility: _____

Age of respondent: _____ Type of Facility: _____

Gender of respondent: _____ District: _____

Village/town of respondent: _____ Date: _____

Name of interviewer: _____ N/A:

Introductory Statement:

Type of client: Adult_____ Child with guardian_____ Older child_____

1. Why did you come to the facility today? **(Tick all the reasons.)**

Brought child who is sick with

- a) ☐ diarrhea
- b) ☐ fever
- c) ☐ Sore throat
- d) ☐ Stomach Ache
- e) ☐ vomiting
- f) ☐ other
- g) ☐ immunization for our child

Because I (adult) have a problem concerning:

- h) ☐ Antenatal care
- i) ☐ Came for a family planning method
- j) ☐ Postnatal care
- k) ☐ Sore throat
- l) ☐ Stomach Ache
- m) ☐ Fever
- n) ☐ Other

2. Did you get the service you wanted?

Yes ☐ No ☐ N/A ☐ **(If yes go to question No. 4).**

If no, why not?

.....

3. Did you wait for your service?
a) No ☐ b) short wait ☐ c) long wait ☐
4. Do you think you/your child received the correct treatment for your problem?
Yes ☐ No ☐ N/A ☐
5. Did you pay officially for the treatment received?
Yes ☐ No ☐ N/A ☐
6. If yes, how much did you pay?.....
7. Do you think the costs were reasonable or too much?
a) Reasonable ☐ b) Too much ☐
8. Why do you think that?

9. Did you give something unofficially (a gift for a thank you or a bribe) in order to obtain the treatment?
a) a gift for a thank you ☐ b) a bribe ☐ c) nothing ☐
10. If so, how much (what) did you give?_____
11. What did you pay for drugs and services today, including both official and unofficial payments?
a) amount_____ b) nothing **(If nothing go to No. 13)**
12. If paid do you think what you gave was appropriate?
a) ☐ Reasonable b) ☐ Too much c) Don't know ☐
- 13a. Did the provider greet you?
Yes ☐ No ☐ Don't know ☐ N/A ☐
- b. **(For in-patient: Were all the providers kind/polite to you?)**
a) all b) some c) none
14. If with a child, did the provider greet the child?
Yes ☐ No ☐ Don't know ☐ N/A ☐
15. Did the provider treat the child kindly?
Yes ☐ No ☐ Don't know ☐ N/A ☐
16. Did the provider treat you kindly?
Yes ☐ No ☐ Don't know ☐ N/A ☐
17. Do you think his/her manner should be improved?
Yes ☐ No ☐ Don't know ☐ N/A ☐

18. If so, why do you say that? _____

19. Was there anything you would have liked to have talked about with the provider today, but did not?

Yes ☐ No ☐ Don't know ☐ N/A ☐

20. If yes, what was it? _____

21. If yes, why didn't you talk about it? _____

22. Did the provider explain to you what the problem was?

Yes ☐ No ☐ Don't know ☐ N/A ☐

23. Did you understand everything that the provider told you?

Yes ☐ No ☐ Don't know ☐ N/A ☐ **(If yes, go to No. 25)**

24. If not, what didn't you understand? _____¹

25. Did the provider ask you if you had any questions?

Yes ☐ No ☐ Don't know ☐ N/A ☐

26. Do you feel that you had enough time with the provider, or did you wish that you had more time with the provider?

a) Enough ☐ b) Wanted more ☐

27. Did you see any blood or dirty supplies on the floor, tables, or chairs in the facility?

Yes ☐ No ☐ Did not notice

28. If you or your child were examined, did the provider wash hands:

a) Before: yes ☐ No ☐ Did not notice ☐

b) After: yes ☐ No ☐ Did not notice ☐

29. Would you say that the facility seemed to be very clean, somewhat clean, or not very clean?

a) Very clean ☐ b) Somewhat clean ☐ c) Not very clean ☐

30. Were you satisfied with the provider's appearance? Why?

Yes ☐ No ☐ Did not notice ☐ N/A ☐

Explain: _____

31. Is this the nearest facility to your home?

Yes ☐ No ☐ Don't know ☐ N/A ☐ (If yes or don't know go to No. 34)

32. If it is not the nearest, why did you come here? _____

33. About how long did it take for you to get to this facility from your home?

- a) ☐ Less than 2 hour
- b) ☐ 2 hour to an hour
- c) ☐ 1 2 hours to 2 hours
- d) ☐ More than 2 hours

34. If it is the nearest facility, is there any other reason that you came here? Please explain. _____

35. Did the provider show favoritism? (**Kodi adokotala amakondera?**)

Yes ☐ No ☐ Don't know ☐ N/A ☐

36. What are some of the good things about this facility? _____

38. What are some of the bad things about this facility? _____

38. Do you think this facility need improvement?

Yes ☐ No ☐ Don't know ☐ N/A ☐

39. If yes, what improvements should be done? _____

40. Do you think that people in your community generally think that this facility is good as it is, or should be improved?

- a) Good as it is ☐
- b) Needs improvement ☐

41. If it should be improved, what do people generally think should be improved?

INTERVIEW OF FACILITY IN-CHARGE

Interview number: _____

Name of facility: _____ District: _____

Date of Interview: _____ Name of Interviewer: _____

Person Interviewed: Name _____ Position _____

Interview: starting time: _____ Ending time: _____

Supervision::

Now we want to ask you some questions about how quality of care is supervised in this facility.

1. Who provides general supervision for this facility (Tick all responses)
 - a. ☐ DHO
 - b. ☐ DNO
 - c. ☐ DEHO?
 - d. ☐ Other (specify) _____
2. How often does this supervisor come? _____
3. When was the last time he or she was here? _____
4. How long did he or she stay on the last visit? _____
5. Is there a supervisor for family planning?
Yes ☐ No ☐ N/A ☐
6. If so, how often does the family planning supervisor come? _____
7. When was the last time family planning was supervised? _____
8. How long did the person who supervised stay on the last visit? _____
9. Do you have the 1996 Family Planning Policy and contraceptive guidelines?
No, ☐ ,Yes, Guideline seen ☐ , Yes, guideline not seen ☐ , N/A ☐
10. Do you understand the criteria by which supervisors review your facility's work in family planning?
Yes ☐ No ☐ N/A ☐
11. Is there a supervisor for STDs?
a)Yes ☐ b) No ☐ c) N/A ☐
12. If so, how often is supervision for STD's done? _____

13. When was the last time STD? s were supervised? _____
14. How long did the person who supervised stay on the last visit? _____
15. Do you have the guidelines for syndromic STD management?
a) Yes, guidelines seen [] b) Yes, guidelines not seen c) No [] N/A []
16. Do you understand the criteria by which supervisors review your facility? s work in STD? s?
Yes [] No [] N/A []
17. Is there a supervisor for HIV?
Yes [] No [] [] N/A []
18. If so, how often is supervision for HIV done? _____
19. When was HIV last supervised? _____
20. How long did the person who supervised stay on the last visit? _____
21. Do you have the guidelines for HIV management?
a) Yes, guidelines seen [] b) Yes, guidelines not seen c) No [] N/A []
22. Do you understand the criteria by which supervisors review your work in HIV?
Yes [] No [] N/A []
23. Is there a supervisor for management of malaria or ARI?
Yes [] No [] N/A []
24. If so, how often is malaria or ARI supervised? _____
25. +_When was the last time malaria or ARI was supervised? _____
26. How long did the person who supervised stay on the last visit? _____
27. Do you have the Malawi Standard Treatment Guidelines?
a) Yes, guidelines seen [] b) Yes, guidelines not seen c) No [] N/A []
28. Do you understand the criteria used by which supervisors review your work in management of malaria or ARI?
Yes [] No [] N/A []

In general, for all supervisors, do they:

29. Observe health center providers giving service?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

30. Ask the service provider what problems she/he has been having?

a. ☐ Always b. ☐ Sometimes c) ☐ Never

31. Review records

a. ☐ Always b. ☐ Sometimes c. ☐ Never

32. Review supplies

a. ☐ Always b. ☐ Sometimes c. ☐ Never

33. Review conditions of the facility?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

34. Assess technical skills through observation.

a. ☐ Always b. ☐ Sometimes c. ☐ Never

35. Make comments aimed at improving providers? technical skills?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

36. Make comments aimed at improving counseling?

a. ☐ Always b. ☐ Sometimes c. ☐ Never.

37. Make comments aimed at improving health education?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

38. Demonstrate technical skills to the supervisee?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

39. Establish a good relationship with the supervisee?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

40. Help supervisees to organize and plan their work?

a. ☐ Always b. ☐ Sometimes c. ☐ Never

41. Leave notes or records regarding problems identified and actions to be taken? (Please review any records and note special features.)

a. ☐ Always b. ☐ Sometimes c. ☐ Never

42. Has the supervisor/supervisee visit led to changes in the way services are provided?

Yes ☐ No ☐ N/A ☐ If no go to **referral**

43. If yes, give examples. _____

44. Since the changes were made, are clients more satisfied with the services?

Yes ☐ No ☐ N/A ☐

45. How do you know if they are more or less satisfied? _____

46. Since the changes were made are the health workers more satisfied with the services?

Yes ☐ No ☐ N/A ☐

47. How do you know if they are more or less satisfied? _____

48. Since the changes were made are supervisees happy with the supervision?

Yes ☐ No ☐ N/A ☐

49. How do you know if they are more or less satisfied? _____

50. Since the changes were made, are more clients using the services?

Yes ☐ No ☐ N/A ☐

Referral

Now I want to ask you some questions about clients that your staff refer to other facilities.

51. How many clients do you refer each week? _____

52. What are the most important conditions for which you make referrals? (circle as many responses as given)

- | | |
|------------------------|-----------------------------|
| a) Cerebral malaria | g) fracture |
| b) Severe ARI | h) abortions |
| c) Anaemia of children | i) high risk delivery |
| d) Convulsions | j) post natal complications |
| e) HIV/AIDS | k) surgical |
| f) Severe malnutrition | l) other (specify) |

To what facilities do you refer clients?

54. How do you usually communicate with the reference facility?

- a) Telephone b) radio c) send messenger d) call ambulance e) no communication f) other (specify)

55. What problems do you have when trying to communicate with the reference facility?

56. Are you able to assist your clients with transportation to the reference facility?

Yes ☐ No ☐ N/A ☐ (If no, go to question No. 59)

57. If so, what do you do? _____

58. Are some of your clients unable or unwilling to go to the reference facility?

Yes ☐ No ☐ N/A ☐

59. If not, what proportion do you think do NOT reach the facility? _____

60. What are the reasons that they do not go?

a) dissatisfied with reference facility

b) don't have money

c) reference facility is too far

d) waiting is too long at reference facility

e) preferred a different reference facility

f) other (specify) _____

61. Does the reference facility communicate back to you on the results of the referral?

Always ☐ Sometimes ☐ Never ☐ N/A ☐

62. Have you ever had a client who asked to be screened for HIV?

Yes ☐ No ☐ N/A ☐ (If no, go to No. 65)

63. If yes, do you refer the client?

Always ☐ Sometimes ☐ Never ☐ N/A ☐

64. Do you ever refer clients for HIV screening?

Yes ☐ No ☐ N/A ☐ (If no, go to No. 68)

65. If yes, to where? _____

66. For those patients who have been referred for HIV screening do you follow up on them?

Always ☐ Sometimes ☐ Never ☐ (If never, go to No. 69)

67. If so, how? _____

68. If you have a patient that you think is HIV positive, but is not sick and has not asked to be screened, will you suggest to that person that he/she be screened and refer him to a screening center?

Always ☐ Sometimes ☐ Never ☐ N/A ☐

69. If never, why not? _____

70. If yes, do you follow-up with this patient?

Always ☐ Sometimes ☐ Never ☐ N/A ☐

71. If you follow-up with the patient how do you do it? _____

72. Do you refer patients who are identified as being HIV positive and are sick with an AIDS related disease? Where?

- a. ☐ to the hospital to be treated
- b. ☐ back home
- c. ☐ home based care
- d. ☐ other

73. What are the AIDS related diseases you see most frequently? (Tick all answers given)

- a) pneumonia b) sever and chronic diarrhoea, c) meningitis d) TB

Logistics management

Now I want to ask you about your pharmaceutical supply system and inventory procedures.

74. What is your clinic's policy on providing essential drugs to clients?

- a) provide all essential drugs to clients
- b) provide some essential drugs
- c) no drugs are provided
- e) other (specify)

75. If drugs are normally provided, do you think that all of your clients were able to obtain prescribed supplies during today's session?

Yes ☐ No ☐ Don't know ☐ N/A ☐

76. If some clients must find drugs elsewhere, where do clients normally go?

(Tick all responses)

- a. ☐ Pharmacy
- b. ☐ Doctor

- c. ☐ Vendor in market
- d. ☐ Vendor on street
- e. ☐ Grocery
- f. ☐ District Hospital
- g. ☐ Drug revolving accounts
- h. ☐ Other (please specify)

77. Do you believe that the majority of clients successfully obtain what they need?

Yes ☐ No ☐ N/A ☐

78. If no, why?_____

79. In the last six months, was there ever a time when you did not have essential drugs.

Yes ☐ No ☐ N/A ☐

80. Please tell me specifically about contraceptives and antibiotics, and describe what happened in the last six months?

81. How do you obtain essential drugs?

- a) DHO brings them monthly,
- b) When short, health center staff gets drugs from DH
- c) When short, borrow from other health centers
- d) Other (specify)

82. Specifically, do you Circle one:

a) place orders periodically

b) the DHO (pharmacist) ship commodities automatically)?

83. Who is responsible for initiating procurement requests within the facility?

84. Is a standardized procurement request form used for all drugs?

Yes ☐ No ☐ N/A ☐

85. Before placing an order, do you review the order to ensure that the item(s) are needed?

Yes ☐ No ☐ N/A ☐

86. When procedures are followed, are supplies received on time?

Yes ☐ No ☐ N/A ☐

87. Does lack of transport ever delay drug supply systems?

Yes ☐ No ☐ N/A ☐

88. Do you have any other supply problems?

Yes ☐ No ☐ N/A ☐

89. If yes, specify:

- a. ☐ Poor roads
- b. ☐ Lack of drugs from stores
- c. ☐ Delay in packaging
- d. ☐ Other (specify)

90. Does the facility have established reception procedures?

Yes ☐ No ☐ N/A ☐

91. If yes, specify.

92. If no, why not?

93. Who is responsible for receipt of drugs?

a) officer in-charge,

- b) pharmacist
 - c) pharmacy assistant
 - d) other (specify)
94. Is there a standardized form for reporting receipt of drugs?
Yes ☐ No ☐ N/A ☐
95. If yes, specify and check the form for verification_____.
96. Are received drugs inspected for defects?
Yes ☐ No ☐ N/A ☐
97. If yes, what defects do you normally look for:
- a. ☐ Breakages
 - b. ☐ Expiration dates
 - c. ☐ Wetness
 - d. ☐ Half full bottles
 - e. ☐ Color changes
98. If not, why not? _____
-
99. Are received drugs compared against purchase orders to ensure that the order has been filled correctly (quantity and items requested)?
Yes ☐ No ☐ N/A ☐
100. When do you record received drugs in the stock records?
a) do not record. b) same day. c) next day d) other (specify)
- Does the institution have established procedures for inventory control:
101. In the pharmacy Yes ☐ No ☐
102. In the out-patient Yes ☐ No ☐
103. In the ward Yes ☐ No ☐
- Is the inventory maintained according to the defined procedures?
104. In the pharmacy Yes ☐ No ☐

105. In the out-patient Yes [] No []
106. In the ward Yes [] No []
107. What is the procedure for assuring the maintenance of the cold chain?
- a) no procedures
 - b) Check temperature twice a day,
 - c) Check temperature once a day
 - d) other (specify)

108. Are these procedures followed?
Yes ☐ No ☐ N/A ☐
109. Are they effective?
Yes ☐ No ☐ N/A ☐
110. If yes, probe and check the temperature chart.
111. (Ask the in-charge if you can review the drug inventory. Note whether any commodities have passed expiry dates.)_____
-
112. Is the size of the storage area adequate?
Yes ☐ No ☐ N/A ☐
113. Is the storage area protected (from water, dust, etc.)?
Yes ☐ No ☐ N/A ☐
114. Are equipment and supplies labeled clearly and organized in an accessible way?
Yes ☐ No ☐ N/A ☐
115. Are stock records maintained for all items in stock?
Yes ☐ No ☐ N/A ☐
116. Are records updated after each transaction to accurately reflect stock levels for a particular item at each point in time?
Always ☐ Sometime ☐ Never ☐
117. Is there a physical inventory taken to verify theoretical stock levels with actual counts?
Yes ☐ No ☐ N/A ☐
118. Is it possible to lock the storage area?
Yes ☐ No ☐ ☐ N/A ☐
119. Is there a thermometer or cold chain monitor in the refrigerator?
Yes ☐ No ☐ N/A ☐
120. Have you ever experienced losses from the stores?
Yes ☐ No ☐ N/A ☐

121. If yes, do you have any idea of how these losses came about?
Yes ☐ No ☐ N/A ☐

Information management

Now I want to talk with you about the kinds of written records you keep and how you use information from these records. I also want to ask you about reports that you send to supervisors.

122. Do you maintain records for individual clients.
Yes , saw records ☐ yes, did not see records ☐ No ☐ N/A ☐
123. Do they include:
a. ☐ Client identification
b. ☐ Diagnosis/problem identification
c. ☐ Management/treatment
d. ☐ Other (specify) _____
124. Do health workers maintain records on high risk cases?
Yes ☐ No ☐ N/A ☐
125. If yes, check which ones:
a. ☐ Severe malnutrition
b. ☐ Severe malaria
c. ☐ Bloody diarrhoea
d. ☐ ARI
e. ☐ Other (specify) _____
126. If yes, what do they do with high risk cases?
a. ☐ Follow-up
b. ☐ Refer
c. ☐ Other (specify) _____
127. If this facility identifies HIV infected patients or people sick with AIDS suffering with an opportunistic disease, do you keep a record that the patient is HIV positive?
Yes ☐ No ☐ N/A ☐
128. If so, what do you do with this information?
129. What records do you keep for the clinic as a whole? (Tick all that are present.)
a. ☐ OPD register e. ☐ TB register

- b. ☐ Maternity in-patient register f. ☐ Cold chain register
 c. ☐ Under 5's register g. ☐ Immunization register
 d. ☐ Antenatal register h. ☐ Other (specify) _____

(Review records for completeness and legibility.)

130. Do health workers maintain records on (Tick all that apply):
 a. ☐ health education sessions f. ☐ malnourished children
 b. ☐ outreach clinics g. ☐ stock inventories
 c. ☐ vaccination sessions h. ☐ integrity of the cold chain
 d. ☐ deaths I. ☐ Other (specify)
 e. ☐ cases of immunizable diseases

131. Do health workers maintain records on stock inventories?
 Yes ☐ No ☐ N/A ☐

132. If yes, tick all that apply:
 a. ☐ Drugs d. ☐ Equipment
 b. ☐ Contraceptives e. ☐ Consumable supplies
 c. ☐ Vaccines f. ☐ Other (specify) _____

133. Do you send periodic reports to the district office or elsewhere?
 Yes ☐ No ☐ N/A ☐

134. What reports do you send? List all

Name of Report:	Who prepares this report?	How often is it prepared?	Do you find these reports useful for your own work? (If yes, please explain.)
-----------------	---------------------------	---------------------------	---

135. FP _____

136. MCH _____

137. OPD _____

138. EPI _____

139. IN-PATIENT _____

140. Are data available on the size of the target population?

Yes ☐ No ☐

141. Do you use information to identify program problems and strengths?

Yes ☐ No ☐ N/A ☐

142. Specific quality problems?

Yes ☐ No ☐ N/A ☐ If yes, specify

Interview of District Health Officer

Name of facility: _____

District: _____

Person Interviewed: Name _____

Name of Interviewer: _____

Date of Interview: _____

Interview starting time: _____ Ending time: _____

Supervision:

(Note: These should set up as open-ended questions. Record verbal responses in as much detail as possible.)

Now we want to ask you some questions about how quality of care is supervised in this district.

1. Which of your staff have supervisory responsibilities at the service delivery level? (List by title and any specialized programmatic function.)

2. Do you have an official written policy concerning supervision, who should do it, how it should be done?

Yes ☐ No ☐ No response ☐ N/A ☐

3. If **no**, do you have a working policy?

Yes ☐ No ☐ No response ☐ N/A ☐

4. To what extent are you able to follow this policy?

5. Which aspect of policy have been most difficult to follow?

6. Is transport a problem in arranging supervisory visits?
Yes ☐ No ☐ No response ☐ N/A ☐
7. What have you done when they were transportation problems?

8. Do staff have the required time available for supervisory responsibilities?
Yes ☐ No ☐ No response ☐ N/A ☐
9. When supervision is not possible on a scheduled day, does it occur soon afterwards?
Yes ☐ No ☐ No response ☐ N/A ☐
10. If yes, when does it occur?

11. Are there standards for all the areas of supervision?
- a) ☐ family planning
 - b) ☐ fever management
 - c) ☐ syndromic case management of STDs
 - d) ☐ HIV
 - e) ☐ Other
12. Are there tools to measure the correct performance of standards?
Yes ☐ No ☐ No response ☐ N/A ☐
- If yes, list the tools:**
- a) ☐ family planning
 - b) ☐ fever management
 - c) ☐ syndromic case management of STDs
 - d) ☐ HIV
 - e) ☐ Other
13. If so, are the tools simple to use and understood?
Yes ☐ No ☐ No response ☐ N/A ☐
14. Are the standards and tools communicated to all parties?
Yes ☐ No ☐ No response ☐ N/A ☐
15. What do supervisors do during supervisory visits?

16. How does the supervisor work with supervisees to identify and solve problems?

17. Do they use quality of care checklists?

Yes ☐ No ☐ No response ☐ N/A ☐

18. What checklists do they use? (Please obtain copies.)

19. Do supervisors have a good rapport with staff?

Yes ☐ No ☐ No response ☐ N/A ☐

20. Why or why not?

21. Do supervisees feel free to discuss problems with their supervisors?

Yes ☐ No ☐ No response ☐ N/A ☐

22. How are supervisory activities recorded?

23. Are supervisory records used for follow-up, problem solving, or to help you in planning?

Yes ☐ No ☐ No response ☐ N/A ☐

24. Are facility level activities discussed in district management meetings?

Yes ☐ No ☐ No response ☐ N/A ☐

25. Do staff and supervisors feel that supervision contributes to program improvements?

Yes ☐ No ☐ No response ☐ N/A ☐

26. What aspects of the way you do supervision work well?

27. What aspects do not work well?

28. Has the supervisor/supervisee used information to make changes in the way services are provided?

Yes [] No [] No response [] N/A []

If yes, give examples.

29. Are clients more satisfied with the services?

Yes [] No [] No response [] N/A []

30. How do you know if they are more or less satisfied?

31. Are the health workers more satisfied with the services?

Yes [] No [] No response [] N/A []

32. How do you know if they are more or less satisfied?

33. Are supervisees happy with the supervision?

Yes [] No [] No response [] N/A []

34. How do you know if they are more or less satisfied?

35. Are more clients using the services?

Yes [] No [] No response [] N/A []

Logistics

Now I want to ask you about your drug supply system and inventory procedures.

36. Is it district policy to provide all necessary drugs to clients, or are some clients expected to find drugs elsewhere?

Yes [] No [] No Response [] N/A []

37. If some clients must find drugs elsewhere, where do clients normally go?

Yes [] No [] No Response [] N/A []

38. Do you believe that the majority of clients successfully obtain what they need?

Yes [] No [] No Response [] N/A []

39. Thinking back over the past six months, was there ever a time when facilities in this district lacked essential supplies?

Yes ☐ No ☐ No Response ☐ N/A ☐

40. Please tell me specifically about contraceptives and antibiotics, and describe what happened in the last six months_____

41 .Does the district office maintain its own drug storage facility and distribute supplies to individual facilities? (If not, go to next section of the interview.)

Yes ☐ No ☐ No Response ☐ N/A ☐

If yes, how and from where do you obtain supplies?

42. Specifically, do you place orders periodically, or does the warehouse ship commodities automatically?

Yes ☐ No ☐ No Response ☐ N/A ☐

43. Before placing an order for goods and services, does the administrator review the order to ensure that the item(s) are needed?

Yes ☐ No ☐ No Response ☐ N/A ☐

44. When items are purchased, are multiple cost estimates sought from potential suppliers?

Yes ☐ No ☐ No Response ☐ N/A ☐

45. Is verification obtained from the accounting department to ensure that sufficient funds are available in the budget prior to each procurement?

Yes ☐ No ☐ No Response ☐ N/A ☐

46. When procedures are followed, are supplies received on time?

Yes ☐ No ☐ No Response ☐ N/A ☐

If no, why not?

47. How do service delivery facilities obtain supplies from the district office?

48. Do they order necessary supplies periodically, or does the warehouse provide supplies automatically according to presumed need?

49. Do you believe that facilities generally receive necessary supplies when they are needed?

Yes ☐ No ☐ No Response ☐ N/A ☐

If no, why not?

50. Does lack of transport ever delay drug supply systems?

Yes ☐ No ☐ No Response ☐ N/A ☐

51. Do you have any other supply problems?

Yes ☐ No ☐ No Response ☐ N/A ☐

If yes, specify:

- ☐ Poor roads
- ☐ Lack of drugs from stores
- ☐ Delay in packaging
- ☐ Other (specify)

52. What is the procedure for assuring the maintenance of the cold chain?

53. Are these procedures followed?

Yes ☐ No ☐ No Response ☐ N/A ☐

54. Are they effective?

Yes ☐ No ☐ No Response ☐ N/A ☐

(Ask the district manager if you can review the drug inventory. Note whether any commodities have passed appropriate use dates.)

55. Is the storage area protected (from water, dust, etc.)?

Yes [] No [] No Response [] N/A []

56. Are equipment and supplies labeled clearly and organized in an accessible way?

Yes [] No [] No Response [] N/A []

57. Is there a physical inventory taken to verify theoretical stock levels with actual counts?

Yes [] No [] No Response [] N/A []

58. Is there a thermometer or cold chain monitor in the refrigerator?

Yes [] No [] No Response [] N/A []

Information Management

Now I want to talk with you about the kinds of written records you keep and how you use information from these records. I also want to ask you about reports that you receive from local clinics.

59. Is there a list of indicators to be monitored at the district level?

Yes [] No [] No response [] N/A []

60. Do you have data on these indicators?

Yes [] No [] No response [] N/A []

61. Is there a list of indicators to be monitored at the health centre level?

Yes [] No [] No response [] N/A []

62. What proportion of facilities have these indicators?

63. Has the frequency of collection/compilation been established for each indicator?

Yes [] No [] No response [] N/A []

64. Are data available on (check all that apply):

- [] size of the target population
- [] number of deaths
- [] number of cases of immunizable diseases
- [] the number of malnourished children in this district

65. Do health workers maintain records on the integrity of the cold chain?

Yes [] No [] No response [] N/A []

66. Do supervisors maintain supervision records with information on the performance of specific health workers?

Yes ☐ No ☐ No response ☐ N/A ☐

67. Do you receive periodic reports from health facilities?

Yes ☐ No ☐ No response ☐ N/A ☐

68. What reports do you receive? (List all.)

For each report, indicate:

Report Name	How often do you receive it?	How do you use the information in this report?
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69. Do you use information to identify programme problems and strengths?

Yes ☐ No ☐ No response ☐ N/A ☐

70. Specific quality problems?

Yes ☐ No ☐ No response ☐ N/A ☐